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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-00726 (10/2024) | **STATE OF WISCONSIN** |
| **FUNCTIONAL VISION SCREENING TOOL**  **Children 0 to 3 Years of Age** | |

| Child’s Name | Date of Birth | Age/Adjusted Age | | Date Completed | |
| --- | --- | --- | --- | --- | --- |
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| Use of this form is voluntary for Birth to 3 Programs. **This is guidance information only. It is not intended to diagnose vision loss.**  The Functional Vision Screening Tool is intended to assist a caregiver and early intervention provider in determining when it might be appropriate to refer a child (zero to three years old) for vision testing. **It is recommended children in the Birth to 3 Program are  screened at intake and every six months until the age of 3.**  **Administration Tips:** Most accurate results are obtained by having a silent environment, free from voices or sounds, to ensure you are screening the child’s vision, not other senses. Use only a penlight and familiar toys that the child has touched. Remember some of these common indicators that an infant is looking: stopping sucking or moving momentarily, blink response to light, and fixating or locking gaze. It is also important to take a quick look at a child’s positioning and consider how it may impact the child’s ability to move his/her head or eyes. For example, if a child has a significant head turn to one side, the screener should be adjusting where to present objects at their midline. Infants should be held by a caregiver, while other children should be positioned sitting with support if needed.  If this vision checklist resulted in the recommendation for further assessment, Birth to 3 programs are advised to complete the [F-00727](https://www.dhs.wisconsin.gov/forms/f0/f00727.docx) hearing checklist for ages 0 to 3. <https://www.dhs.wisconsin.gov/birthto3/index.htm> | | | | | |
| **RESULTS SUMMARY**  Indicate Pass or Refer based on the results of each section of the screening tool. | | | | | |
| Family/Birth History and Initial Observations | | | Pass  Refer | | |
| Vision Development checklist | | | Pass  Refer | | |
| Notes: | | | | | |
| **RESULTS/ACTION** | | | | | |
| Having used this tool, there are no significant indicators for vision concerns at this time. Recommend rescreen every six months. | | | | | Pass |
| Based on the findings of this screening, it is recommended that the child be referred for a medical and functional vision evaluation (see below). Upon referral, share the screening results with the specialists.  Child was referred to **both** (for resources, contact [Well Badger Resource Center](https://www.wellbadger.org/s/?language=en_US)):  Pediatric Optometry/Ophthalmology or Pediatrician for vision specialist referral  **AND**  Teacher of the visually impaired who conducts functional vision evaluations and provides direct services for children ages 0-3 | | | | | Refer |
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| **Family/Birth History and Initial Observations**  Based upon caregiver interview and observation of the child, indicate **Yes**or **No**for each question or statement. **Note:** Do not refer upon finding one **Yes** answer in Family/Birth History section alone (except caregiver vision concerns). Child must also have an additional **Yes** answer in another area on the screening tool. | | | | | |
| **Family/Birth History** | | | | | |
| Do the parents/caregivers have concerns regarding the child’s vision? | | | | | Yes  No |
| Does anyone in the family have severe vision loss or an eye disease that was diagnosed before the age of 18 (e.g., albinism, amblyopia, cataracts, strabismus, retinoblastoma)? | | | | | Yes  No |
| Did the child’s mother have any serious infections or diseases during pregnancy (e.g., rubella, cytomegalovirus (CMV), toxoplasmosis, syphilis, herpes, etc.)? | | | | | Yes  No |
| Was the child born prematurely prior to 33 weeks or born weighing less than 3 pounds? | | | | | Yes  No |
| Were there any post-natal infections (e.g., meningitis, encephalitis, hydrocephalus, etc.)? | | | | | Yes  No |
| Was there any kind of head trauma at birth or shortly thereafter? | | | | | Yes  No |
| Has any syndrome been identified (e.g., Down syndrome, CHARGE, Usher, WAGR)? | | | | | Yes  No |
| Has cerebral palsy been identified or suspected? | | | | | Yes  No |
| **Initial Observations: Function** | | | | |  |
| Does not blink to an object, such as a hand, coming quickly/directly toward their face. (No touch/breeze or  sound involved; around 5 months old a child should blink; if child blinks check No, if child does not blink check Yes.) | | | | | Yes  No |
| Demonstrates a preference for one eye. (Does the child turn/tilt their eyes and/or head to fixate on a familiar toy at midline?) | | | | | Yes  No |
| Hold objects far away or unusually close (or moves very close to objects) when looking. | | | | | Yes  No |
| Frequently trips or crawls/runs into things (after crawling/walking for at least 3-4 months; if not applicable check No). | | | | | Yes  No |
| Unable to sustain looking for at least 10 seconds or avoids looking at people or objects. | | | | | Yes  No |
| Squints, cries, or otherwise indicates pain in bright light situations (e.g., sunlight). | | | | | Yes  No |
| Unable to smoothly follow moving objects in one or more directions with both eyes or there are breaks (e.g., blinking, looking away, or switching eyes) as the object crosses midline. | | | | | Yes  No |
| **Initial Observations: Appearance** | | | | |  |
| Eyes are crossed, turning or out, or move independently of one another all the time, part of the time or when the child is tired. (Around 5-7 months both eyes should move together.) | | | | | Yes  No |
| One or both eyelids are drooping and cover pupils (black holes in the center of the eyes). | | | | | Yes  No |
| Eyes shake or move constantly | | | | | Yes  No |
| Iris (colored part of the eye) appears pink or violet. | | | | | Yes  No |
| One or both of the eye orbits (bone structures around the eyes) looks misshaped. | | | | | Yes  No |
| One or both pupils are white, cloudy, or any color other than black. | | | | | Yes  No |
| One or both pupils are not round and appear misshaped (e.g., tear-drop shaped). | | | | | Yes  No |
| Pupils are unequal in size to each other or there is a delayed reaction to changes in light. | | | | | Yes  No |
| **Vision Development Checklist**  For each statement in the child’s adjusted age range, indicate **Yes**or **No**for each statement. If there are 3 or more**No**responses in the child’s age range, mark **Refer** on the front page under Results Summary. | | | | |  |
| **Birth to 1 Month** | | | | | |
| Stares at lights, windows, and bright walls. | | | | | Yes  No |
| Looks briefly at caregiver’s face (within 8-12 inches while at holding distance). | | | | | Yes  No |
| Gazes briefly at objects placed in field of vision (may stop sucking or moving momentarily). | | | | | Yes  No |
| Seems to focus best on objects about 8 to 12 inches from face (about holding distance). | | | | | Yes  No |
| Follows/tracks slowing moving object horizontally with eyes (both eyes not always moving together). | | | | | Yes  No |
| **1 to 3 Months** | | | | |  |
| Makes eye contact with you (without hearing your voice). | | | | | Yes  No |
| Smiles in response to looking into face of a person who is talking or smiling. | | | | | Yes  No |
| Visually inspects their own hands and nearby surroundings. | | | | | Yes  No |
| Fixates on objects and high contrast patterns within field of vision. | | | | | Yes  No |
| Focuses on objects from 5 inches to as close as 3 inches. | | | | | Yes  No |
| Will turn toward a familiar object brought in from the side. | | | | | Yes  No |
| **3 to 5 Months** | | | | |  |
| Looks at objects/toys in their hands momentarily. | | | | | Yes  No |
| Visually attends to objects at distances from 5 to 20 inches and views objects at 3 feet. | | | | | Yes  No |
| Looks at and reaches for most toys within arm’s reach. | | | | | Yes  No |
| Follows or tracks an object vertically or a fast-moving object horizontally | | | | | Yes  No |
| Looks back and forth between 2 objects/people. | | | | | Yes  No |
| Bats at objects that are suspended above him/her. | | | | | Yes  No |
| **5 to 7 Months** | | | | |  |
| Reacts differently to different people and responds to a variety of facial expressions | | | | | Yes  No |
| Smiles, pats, or kisses their image in a mirror. | | | | | Yes  No |
| Laughs at peek-a-boo games (without voice). | | | | | Yes  No |
| Watches people at least 6 feet away. | | | | | Yes  No |
| Tries to reach out and grasp toys or objects. | | | | | Yes  No |
| Both eyes are straight and always move together (should not be turning in/out/up/down). | | | | | Yes  No |
| **7 to 12 Months** | | | | |  |
| Looks for toys that they have dropped. | | | | | Yes  No |
| Interested in pictures or picture books. | | | | | Yes  No |
| Reaches for and tries to pick up a small object like cereal, raisin, or lint. | | | | | Yes  No |
| Moves, by any means, toward an object at least 5 feet away. | | | | | Yes  No |
| Tracks objects with eyes rather than just head. | | | | | Yes  No |
| **12 to 18+ Months** | | | | |  |
| Watches a favorite toy dropped into a container. | | | | | Yes  No |
| Fixates on facial expression and imitates it. | | | | | Yes  No |
| Looks at distant objects out the window such as cars or people. | | | | | Yes  No |
| Looks toward indicated objects when requested. | | | | | Yes  No |
| Turns a book right side up to look at pictures (given the book upside down). | | | | | Yes  No |
| **Note:** Typical vision development is completed at approximately 18 months; therefore, any children 18 months and older should have every visual skill on the checklist. | | | | |  |
| **Definitions:**  Diagram of eyes showing pupil reflex where pupil contracts in bright light and pupil dilates in dim light.  **Anatomy of the Eye**   * **Eyelid—**fold of skin that covers and protects the eye. * **Iris—**colored part of the eye responsible for controlling the size of the pupil and the amount of light reaching the retina at the back of the eye. * **Orbit—**the cavity or socket of the skull in which the eyeball is situated.   **Pupil—**black hole located in the center of the eye that allows light to enter toward the retina at the back of the eye. Pupils should be round, black, and equal in size. Pupils in both eyes should equally and quickly respond to light and change size by getting smaller with light and larger in a darkened room. In darkness, a penlight reflection should be centered or slightly nasal (toward the nose) in **both** pupils. | | | | | |
| * **Name and role of screener/County:** | | | | | |
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\* **Sources:** 1)American Association of Pediatric Ophthalmology and Strabismus, 2) Hearing and Vision Connections (2016). Illinois Functional Vision Screening Tool (0-3) by Dr. Mindy Ely. 3) Illinois School for the Visually Impaired (2020). Illinois Functional Vision Screening Tool (0-3). <http://illinoisdeaf.org/Outreach/Screeningtool.html>. 4) Prevent Blindness 5) Wisconsin Department of Health Services Typical Vision Developmental Milestones (Children 0 to 3 Years of Age)

\* Adapted by Colleen Kickbush, Vision Services Manager and Teacher of the Visually Impaired (TVI), in November of 2022. Made possible by a partnership between Vision Forward Association and the Wisconsin Department of Health Services Birth to 3 Program.